

DEBTOR: \_\_\_\_\_

CASE NUMBER: \_\_\_\_\_

INITIAL FINANCIAL REPORT  
CHAPTER 11

COVER SHEET

\_\_\_\_\_  
Date of Report

**THIS REPORT IS DUE 15 DAYS AFTER THE PETITION FILING DATE**

Mark One Box for Each  
Required Document:

Debtor must attach each of the following documents or a satisfactory explanation for failure to attach a document. File original with the Clerk of Court. Submit a duplicate, with original signature to the U. S. Trustee.

Document Attached	Previously Submitted	Explanation Attached	REQUIRED DOCUMENTS
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Latest Fiscal Year Financial Statements or Tax Returns
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Balance Sheet as of Month End Immediately Preceding Filing
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Profit and Loss Statement for Month and Year Immediately Preceding Filing
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Proof of Insurance Coverage:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a. General Liability Insurance
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b. Property (Fire, Theft, etc.) Insurance
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c. Workers' Compensation Insurance
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	d. Vehicle Insurance
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	e. Other:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Projected Revenue, Expenses and Cash Flow for First 120 Days of Post Petition Operations
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Name and Address of Financial Institution, Account Number and Sample Voided Check for Each Debtor in Possession Bank Account (INCLUDE ONLY WITH COPY OF REPORT: SUBMITTED TO UNITED STATES TRUSTEE):
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a. General Account
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b. Payroll Account
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c. Tax Account

**I declare under penalty of perjury that the following Initial Financial Report, and any attachments thereto are true and correct to the best of my knowledge and belief.**

Executed on: \_\_\_\_\_

Debtor(s): \_\_\_\_\_

By: \_\_\_\_\_

Position: \_\_\_\_\_

DEBTOR: \_\_\_\_\_

**MONTHLY FINANCIAL REPORT  
CHAPTER 11**

CASE NUMBER: \_\_\_\_\_

**COVER SHEET**

For Period: \_\_\_\_\_ to \_\_\_\_\_

Accounting Method: ☐ Accrual Basis ☐ Cash Basis

**THIS REPORT IS DUE 15 DAYS AFTER THE END OF THE MONTH**

Mark One Box for Each  
Required Document:

Debtor must attach each of the following reports/documents unless the U. S. Trustee  
has waived the requirement in writing. File the original with the Clerk of Court.  
Submit a duplicate, with original signature, to the U. S. Trustee.

Report/Document Attached	Previously Waived	REQUIRED REPORTS/DOCUMENTS
<input type="checkbox"/>	<input type="checkbox"/>	1. Cash Receipts and Disbursements Statement (Form 2-B)
<input type="checkbox"/>	<input type="checkbox"/>	2. Supporting Schedules (Form 2-C)
<input type="checkbox"/>	<input type="checkbox"/>	3. Balance Sheet (Form 2-D)
<input type="checkbox"/>	<input type="checkbox"/>	4. Profit and Loss Statement (Form 2-E)
<input type="checkbox"/>	<input type="checkbox"/>	5. Quarterly Fee Summary (Form 2-F)
<input type="checkbox"/>	<input type="checkbox"/>	6. Narrative (Form 2-G)
<input type="checkbox"/>	<input type="checkbox"/>	7. Bank Statements for All Bank Accounts
<input type="checkbox"/>	<input type="checkbox"/>	8. Bank Statement Reconciliations for all Bank Accounts

***I declare under penalty of perjury that the following Monthly Financial Report, and any attachments thereto are true and correct to the best of my knowledge and belief.***

Executed on: \_\_\_\_\_

Debtor(s): \_\_\_\_\_

By: \_\_\_\_\_

Position: \_\_\_\_\_

DEBTOR: \_\_\_\_\_

CASE NO: \_\_\_\_\_

### CASH RECEIPTS AND DISBURSEMENTS STATEMENT

For Period: \_\_\_\_\_ to \_\_\_\_\_

### CASH RECONCILIATION

1. Beginning Cash Balance (Ending Cash Balance  
from last month's report) \$ \_\_\_\_\_
2. Cash Receipts (from Cash Receipts Journal  
on previous page) \$ \_\_\_\_\_
3. Cash Disbursements (from Cash Disbursements  
Journal on previous page) \_\_\_\_\_
4. Net Cash Flow (line 2 minus line 3) \_\_\_\_\_
5. Ending Cash Balance (to Form 2-D) \$ \_\_\_\_\_

### CASH SUMMARY - ENDING BALANCE

	Amount	Financial Institution
Petty Cash	\$ _____	_____
Regular Checking	_____	_____
Tax Account	_____	_____
Other Checking Accounts	_____	_____
Interest-Bearing Deposits	_____	_____
Short-Term Investments	_____	_____
TOTAL (must agree with line 5 above)	\$ _____	_____

DEBTOR: \_\_\_\_\_

CASE NO: \_\_\_\_\_

**CASH RECEIPTS AND DISBURSEMENTS STATEMENT**

For Period: \_\_\_\_\_ to \_\_\_\_\_

**CASH RECEIPTS JOURNAL**  
(attach additional sheets as necessary)

<u>Date</u>	<u>Description (Source)</u>	<u>Amount</u>
		\$

Total Cash Receipts (to line 2 of Cash Reconciliation) \$ \_\_\_\_\_

**CASH DISBURSEMENTS JOURNAL**  
(attach additional sheets as necessary)

<u>Date</u>	<u>Check Nos.</u>	<u>Payee</u>	<u>Description (Purpose)</u>	<u>Amount</u>
				\$

Total Cash Disbursements (to line 3 of Cash Reconciliation) \$ \_\_\_\_\_

DEBTOR: \_\_\_\_\_

CASE NO: \_\_\_\_\_

**SUPPORTING SCHEDULES**

For Period: \_\_\_\_\_ to \_\_\_\_\_

**POST PETITION TAXES PAYABLE SCHEDULE**

	<u>Beginning Balance *</u>	<u>Amount Accrued</u>	<u>Amount Paid</u>	<u>Date Paid</u>	<u>Check Number</u>	<u>Ending Balance</u>
Income Tax Withheld:						
Federal	\$ _____	\$ _____	\$ _____	_____	_____	\$ _____
State	_____	_____	_____	_____	_____	_____
FICA Tax Withheld	_____	_____	_____	_____	_____	_____
Employer's FICA Tax	_____	_____	_____	_____	_____	_____
Unemployment Tax						
Federal	_____	_____	_____	_____	_____	_____
State	_____	_____	_____	_____	_____	_____
Sales, Use & Excise Taxes	_____	_____	_____	_____	_____	_____
Property Taxes	_____	_____	_____	_____	_____	_____
Accrued Income Tax:						
Federal	_____	_____	_____	_____	_____	_____
State	_____	_____	_____	_____	_____	_____
Other: _____	_____	_____	_____	_____	_____	_____
<b>TOTALS (Ending Balance to Form 2-D)</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>_____</b>	<b>_____</b>	<b>\$ _____</b>

\* For first report, Beginning Balance will be \$0; thereafter, Beginning Balance will be Ending Balance from prior report.

**INSURANCE SCHEDULE**

	<u>Carrier/Agent</u>	<u>Amount of Coverage</u>	<u>Expiration Date</u>	<u>Premium Paid Thru Date</u>
Workers' Compensation	_____	\$ _____	_____	_____
General Liability	_____	\$ _____	_____	_____
Property (Fire, Theft)	_____	\$ _____	_____	_____
Vehicle	_____	\$ _____	_____	_____
Other (list):	_____	\$ _____	_____	_____

DEBTOR: \_\_\_\_\_

CASE NO: \_\_\_\_\_

## SUPPORTING SCHEDULES

For Period: \_\_\_\_\_ to \_\_\_\_\_

ACCOUNTS RECEIVABLE AND POST PETITION PAYABLE AGING

<u>Due</u>	<u>Accounts Receivable</u>	<u>Post Petition Accounts Paya</u>
Under 30 days	\$ _____	\$ _____
30 to 60 days	_____	_____
61 to 90 days	_____	_____
91 to 120 days	_____	_____
Over 120 days	_____	_____
<b>Total Post Petition</b>	_____	_____
<b>Pre Petition Amounts</b>	_____	_____
Total Accounts Receivable	\$ _____	
Less: Bad Debt Reserve	_____	
<b>Net Accounts Receivable (to Form 2-D)</b>	\$ _____	
	<b>Total Post Petition Accounts Payable (to Form 2-D)</b>	\$ _____

SCHEDULE OF PAYMENTS TO ATTORNEYS AND OTHER PROFESSIONALS

	<u>Retainer Amount</u>	<u>Amount Accrued</u>	<u>Amount Paid</u>	<u>Date of Court Approval</u>	<u>Estimated Balance Due *</u>
Debtor's Counsel	\$ _____	\$ _____	\$ _____	_____	\$ _____
Counsel for Unsecured Creditors' Committee	_____	_____	_____	_____	_____
Trustee's Counsel	_____	_____	_____	_____	_____
Accountant	_____	_____	_____	_____	_____
Other: _____	_____	_____	_____	_____	_____
<b>Total</b>	\$ _____	\$ _____	\$ _____	_____	\$ _____

\*Balance due to include fees and expenses incurred but not yet paid.

SCHEDULE OF PAYMENTS AND TRANSFERS TO PRINCIPALS/EXECUTIVES\*\*

<u>Payee Name</u>	<u>Position</u>	<u>Nature of Payment</u>	<u>Amount</u>
_____	_____	_____	\$ _____
_____	_____	_____	_____
_____	_____	_____	_____

\*\*List payments and transfers of any kind and in any form made to or for the benefit of any proprietor, owner, partner, shareholder, officer or director.

DEBTOR: \_\_\_\_\_

CASE NO: \_\_\_\_\_

## BALANCE SHEET

For Period Ended: \_\_\_\_\_

### ASSETS

#### Current Assets:

Cash (from Form 2-B, line 5) \$ \_\_\_\_\_

Accounts Receivable (from Form 2-C) \_\_\_\_\_

Receivable from Officers, Employees, Affiliates \_\_\_\_\_

Inventory \_\_\_\_\_

Other Current Assets: \_\_\_\_\_

Total Current Assets \$ \_\_\_\_\_

#### Fixed Assets:

Land \_\_\_\_\_

Building \_\_\_\_\_

Equipment, Furniture and Fixtures \_\_\_\_\_

Total Fixed Assets \_\_\_\_\_

Less: Accumulated Depreciation ( \_\_\_\_\_ )

Net Fixed Assets \_\_\_\_\_

Other Long Term Assets (List): \_\_\_\_\_

**TOTAL ASSETS** \$ \_\_\_\_\_

### LIABILITIES

#### Post Petition Liabilities:

Accounts Payable (from Form 2-C) \$ \_\_\_\_\_

Notes Payable \_\_\_\_\_

Rents and Leases Payable \_\_\_\_\_

Taxes Payable (from Form 2-C) \_\_\_\_\_

Accrued Interest \_\_\_\_\_

Other (List): \_\_\_\_\_

Total Post Petition Liabilities \$ \_\_\_\_\_

#### Pre Petition Liabilities:

Priority Claims \$ \_\_\_\_\_

Secured Debt \_\_\_\_\_

Unsecured Debt \_\_\_\_\_

Total Pre Petition Liabilities \$ \_\_\_\_\_

**TOTAL LIABILITIES** \$ \_\_\_\_\_

### OWNERS' EQUITY

Capital Stock or Owners' Investment

Paid-In Capital \$ \_\_\_\_\_

Retained Earnings:

Pre Petition \_\_\_\_\_

Post Petition \_\_\_\_\_

**TOTAL OWNERS' EQUITY** \$ \_\_\_\_\_

**TOTAL LIABILITIES AND OWNERS' EQUITY** \$ \_\_\_\_\_

DEBTOR: \_\_\_\_\_

CASE NO: \_\_\_\_\_

## PROFIT AND LOSS STATEMENT

For Period \_\_\_\_\_ to \_\_\_\_\_

Gross Operating Revenue \$ \_\_\_\_\_  
Less: Discounts, Returns and Allowances ( \_\_\_\_\_ )

**Net Operating Revenue** \$ \_\_\_\_\_

Cost of Goods Sold \_\_\_\_\_

**Gross Profit** \$ \_\_\_\_\_

Operating Expenses  
Salaries and Wages \$ \_\_\_\_\_  
Rents and Leases \_\_\_\_\_  
Payroll Taxes \_\_\_\_\_  
Other (list): \_\_\_\_\_  
\_\_\_\_\_

Total Operating Expenses \$ \_\_\_\_\_

**Operating Income (Loss)** \$ \_\_\_\_\_

Legal and Professional Fees \$ \_\_\_\_\_  
Depreciation, Depletion and Amortization \_\_\_\_\_  
Interest Expense \_\_\_\_\_

**Net Operating Income (Loss)** \$ \_\_\_\_\_

Non-Operating Income and Expenses  
Other Non-Operating (Expenses) \$ \_\_\_\_\_  
Gains (Losses) on Sale of Assets \_\_\_\_\_  
Interest Income \_\_\_\_\_  
Other Non-Operating Income \_\_\_\_\_

Net Non-Operating Income or (Expenses) \$ \_\_\_\_\_

**Net Income (Loss) Before Income Taxes** \$ \_\_\_\_\_

Federal and State Income Tax Expense (Benefit) \_\_\_\_\_

**NET INCOME (LOSS)** \$ \_\_\_\_\_



DEBTOR: \_\_\_\_\_

CASE NO: \_\_\_\_\_

## QUARTERLY FEE SUMMARY \*

For the Month Ended: \_\_\_\_\_

<u>Month</u>	<u>Cash Disbursements **</u>	<u>Quarterly Fee Due</u>	<u>Check No.</u>	<u>Date</u>
January	\$ _____			
February	_____			
March	_____			
TOTAL 1st Quarter	\$ _____	\$ _____	_____	_____
April	\$ _____			
May	_____			
June	_____			
TOTAL 2nd Quarter	\$ _____	\$ _____	_____	_____
July	\$ _____			
August	_____			
September	_____			
TOTAL 3rd Quarter	\$ _____	\$ _____	_____	_____
October	\$ _____			
November	_____			
December	_____			
TOTAL 4th Quarter	\$ _____	\$ _____	_____	_____

\* This summary is to reflect the current calendar year's information cumulative to the end of the reporting period.

\*\* Should agree with line 3, Form 2-B. Disbursements are net of transfers to other debtor in possession bank accounts.

## CHAPTER 11 QUARTERLY FEES

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### FEE SCHEDULE

<u>TOTAL QUARTERLY DISBURSMENTS</u>			<u>QUARTERLY FEE</u>
\$	0	to \$ 14,999	\$ 250
	15,000	to 74,999	500
	75,000	to 149,999	750
	150,000	to 224,999	1,250
	225,000	to 299,999	1,500
	300,000	to 999,999	3,750
	1,000,000	to 1,999,999	5,000
	2,000,000	to 2,999,999	7,500
	3,000,000	to 4,999,999	8,000
	5,000,000	or more	10,000

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Failure to pay the quarterly fee is cause for conversion or dismissal of the chapter 11 case. [11 U.S.C. Sec. 1112(b)(10)].

Checks are to be made payable to the United States Trustee and mailed to the address set forth below. Fees are not to be mailed or delivered to the local Office of the United States Trustee. If any check is returned "unpaid" for any reason, all subsequent payments must be made by way of cashier's check, certified check or money order.

To ensure proper credit, it is imperative that the debtor in possession and chapter 11 trustee write the case number on each check and remit the payment with the coupon provided with the quarterly billing. A separate check and coupon is required for each quarterly payment even if more than one quarterly fee is paid at the same time.

Send all payments to: **UNITED STATES TRUSTEE PAYMENT CENTER**  
**P. O. Box 198246**  
**Atlanta, GA 30384**

**DEBTOR:** \_\_\_\_\_

**CASE NO:** \_\_\_\_\_

## **NARRATIVE**

**For Period:** \_\_\_\_\_

Please provide a brief description of any significant business and legal actions taken by the debtor, its creditors, or the court during the reporting period, any unusual or non-recurring accounting transactions that are reported in the financial statements, and any significant changes in the financial condition of the debtor which have occurred subsequent to the report date.

DEBTOR: \_\_\_\_\_

## POST CONFIRMATION QUARTERLY REPORT

CH. 11 CASE NO: \_\_\_\_\_

FOR QUARTER ENDED: \_\_\_\_\_

## SUMMARY OF DISBURSEMENTS MADE DURING QUARTER:

1. CASH BALANCE, BEGINNING OF QUARTER \$ \_\_\_\_\_
2. CASH RECEIPTS DURING QUARTER FROM ALL SOURCES \_\_\_\_\_
3. CASH DISBURSEMENTS DURING QUARTER, INCLUDING PLAN PAYMENTS ( \_\_\_\_\_ )
4. CASH BALANCE, END OF QUARTER (OR AS OF REPORT DATE FOR FINAL REPORT) \$ \_\_\_\_\_

## SUMMARY OF AMOUNTS DISBURSED UNDER PLAN:

	Paid During Quarter	Total Paid to Date	Total Pyts. Projected Under Plan
1. ADMINISTRATIVE EXPENSES			
Plan Trustee Compensation	\$ _____	\$ _____	\$ _____
Plan Trustee Expense	_____	_____	_____
Attorney Fees - Trustee	_____	_____	_____
Attorney Fees - Debtor	_____	_____	_____
Other Professionals	_____	_____	_____
Other Administrative Expenses	_____	_____	_____
TOTAL ADMINISTRATIVE EXPENSES	\$ _____	\$ _____	\$ _____
2. SECURED CREDITORS	\$ _____	_____	_____
3. PRIORITY CREDITORS	\$ _____	_____	_____
4. UNSECURED CREDITORS	\$ _____	_____	_____
5. EQUITY SECURITY HOLDERS	\$ _____	_____	_____
6. OTHER: _____	\$ _____	_____	_____
TOTAL PLAN PAYMENTS	\$ _____	\$ _____	\$ _____
	<u>Amount</u>	<u>Date</u>	<u>Check No.</u>

QUARTERLY FEE PAID: \$ \_\_\_\_\_

## PLAN STATUS:

Yes No

1. Have all payments been made as set forth in the confirmed plan? (If no, attach explanation.) ☐ ☐
2. Are all post-confirmation obligations current? (If no, attach explanation.) ☐ ☐
3. Projected date of application for final decree: \_\_\_\_\_

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING POST CONFIRMATION QUARTERLY  
IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

EXECUTED ON: \_\_\_\_\_

Reorganized Debtor

By: \_\_\_\_\_

Title

Form 3

Rev. 10/1/01